

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE		FIRST	MI	OFFICE USE ONLY Date Received 03 JUL 17 AM 9:52 RECEIVED CITY OF SAN ANTONIO CITY CLERK Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME		LAST	SUFFIX	
Thomas		R.			
Aguillon					
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
P.O. Box 15125		SA		Antonio TX	78212
5 CAMPAIGN TREASURER NAME	TITLE		FIRST	MI	
	NICKNAME		LAST	SUFFIX	
Brian					
Mason					
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
107 W. Magnolia		SA		Antonio TX	78212
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
(210)		363-0500			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
4		24		03	
5		03		03	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
5 / 03 / 03		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
		city council			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT #(Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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CITY CLERK
03 JUL 17 AM 9:52

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7730.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 658.00

4. TOTAL POLITICAL EXPENDITURES

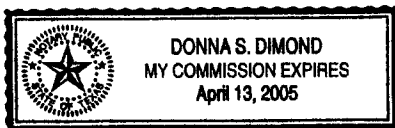
\$ 5021.26

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Thomas R. Agullon
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Thomas R. Agullon, this the 15th day of July, 20 03, to certify which, witness my hand and seal of office.

Donna S. Dimond
Signature of officer administering oath

Donna S. Dimond
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1/6	
2 FILER NAME Thomas R. Aguilon		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.02.03	5 Full name of contributor Javier Arguello 6 Contributor address; City; State; Zip Code 4901 IH 10 West, Ste 800 SA, TX 78230	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) 03 JUL 17 AM 9:12 RECEIVED CITY OF SAN ANTONIO CITY CLERK
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4.25.03	Full name of contributor Simon & Jana Falic Contributor address; City; State; Zip Code 19495 Biscayne Blvd. Ste 300, Aventura, FL 33180	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.25.03	Full name of contributor Leon Falic Contributor address; City; State; Zip Code 19495 Biscayne Blvd. Ste 300, Aventura, FL 33180	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.29.03	Full name of contributor Jerome & Debbie Falic Contributor address; City; State; Zip Code 19495 Biscayne Blvd, Ste. 300, Aventura, FL 33180	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.29.03	Full name of contributor Cristina & Eddie Aldrete Contributor address; City; State; Zip Code 13327 La Vista Dr. SA, TX 78216	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 2/6	
2 FILER NAME Thomas R. Aguilon				3 ACCOUNT # (Ethics Commission filers)	
4 Date 4.28.03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peter & Gretchen Broderick		7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable) 03 JUL 17 AM 8:55Z CITY OF SAN ANTONIO RECEIVED	
6 Contributor address; City; State; Zip Code 119 E. Elmview Pl. SA, TX 78209					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 4.30.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dario Chapa		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 435 W. Woodlawn, SA, TX 78212					
Principal occupation (Optional)			Employer (Optional)		
Date 5.01.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ken & Loretta Clark		Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 14822 Forward Pass, SA, TX 78248					
Principal occupation (Optional)			Employer (Optional)		
Date 4.28.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angela Garcia		Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2731 W. Mistletoe, SA, TX 78228					
Principal occupation (Optional)			Employer (Optional)		
Date 4.26.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward & Lisa Lopez		Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6607 Spotted Trail, SA, TX 78240					
Principal occupation (Optional)			Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>3/6</u>	
2 FILER NAME <u>Thomas R. Aguilon</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>4.28.03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>LULAC COUNCIL #4630</u> 6 Contributor address; City; State; Zip Code <u>4212 Medical Dr. #710, SA, TX 78229</u>	7 Amount of contribution (\$) <u>300.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>4.25.03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rodolfo & Leonor Ramirez</u> Contributor address; City; State; Zip Code <u>2042 La Manda Blvd. SA, TX 78201</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <u>4.25.03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Brenda Vickrey Johnson</u> Contributor address; City; State; Zip Code <u>12940 Country Parkway, SA, TX 78216</u>	Amount of contribution (\$) <u>400.00</u>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <u>4.28.03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Yvonne Villescias Kles</u> Contributor address; City; State; Zip Code <u>19500 U.S. Hwy 281 N. Apt. 433. SA, TX 78258</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <u>05.01.03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Susie Mendiola</u> Contributor address; City; State; Zip Code <u>123 E. Mistletoe, SA, TX 78212</u>	Amount of contribution (\$) <u>30.00</u>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4/6	
2 FILER NAME Thomas R. Agnillon		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4.28.03	5 Full name of contributor Isabel Sandoval 6 Contributor address; City; State; Zip Code 612 W. Commerce, SA, TX 78207	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable) 03 JUL 17 AM 9:52 CITY OF SAN ANTONIO CITY CLERK
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4.28.03	Full name of contributor Mary Alice Solis Contributor address; City; State; Zip Code 104 Ross, SA, TX 78225	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.28.03	Full name of contributor Lydia E. Rodriguez Contributor address; City; State; Zip Code 109 Anne Lewis Dr. SA, TX 78215	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.28.03	Full name of contributor Mary Alice Solis Contributor address; City; State; Zip Code 104 Ross, SA, TX 78225	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.28.03	Full name of contributor San Antonio Rugby Football Club Contributor address; City; State; Zip Code 247 Breas Blvd., SA, TX 78209	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>5/6</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>G. W. Worth, Jr.</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<u>4.28.03</u>	6 Contributor address; City; State; Zip Code <u>6929 Camp Bullis Rd. SA, TX 78256</u>	<u>1,500.00</u>	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>SAHLA PAC</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<u>5.05.03</u>	Contributor address; City; State; Zip Code <u>P.O. Box 691754, SA, TX 78269</u>	<u>250.00</u>	<u>---</u>
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 6/6	
2 FILER NAME Thomas R. Agnillon		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.03.03	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Angie Cortez 6 Contributor address; City; State; Zip Code 620 Prosa. SA. TX	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) food
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5.02.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anheuser-Busch Contributor address; City; State; Zip Code Hwy 90. SA. TX	Amount of contribution (\$) 325.00	In-kind contribution description (if applicable) beverages
Principal occupation (Optional)		Employer (Optional)	
Date 5.03.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McDonald's Contributor address; City; State; Zip Code San Pedro. SA. TX	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) meals
Principal occupation (Optional)		Employer (Optional)	
Date 5.03.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Agnillon Contributor address; City; State; Zip Code 603 W. Huisache. SA. TX 78212	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) supplies
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1/4

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Alarm Dynamics

7 Amount (\$)

6 Payee address; City; State; Zip Code

5.01.03

37.00

8 Purpose of payment (See instructions regarding type of information required.)

security system

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Alarm Dynamics

Amount (\$)

Payee address; City; State; Zip Code

6.01.03

37.00

Purpose of payment (See instructions regarding type of information required.)

security system

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Byron Trott

Amount (\$)

Payee address; City; State; Zip Code

5.01.03

SA, TX 78209

600.00

Purpose of payment (See instructions regarding type of information required.)

rent

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Teresa Canales

Amount (\$)

Payee address; City; State; Zip Code

5.01.03

621 W. Aguirre, SA, TX 78209

1000.00

Purpose of payment (See instructions regarding type of information required.)

contract labor

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/4

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

SBC

7 Amount (\$)

6 Payee address; City; State; Zip Code

5.24.03612.97

8 Purpose of payment (See instructions regarding type of information required.)

phone service

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Star Storage

Amount (\$)

Payee address; City; State; Zip Code

5.01.03302.00

Purpose of payment (See instructions regarding type of information required.)

storage space

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

USPS

Amount (\$)

Payee address; City; State; Zip Code

7.02.032400 McCullough, SA, TX 7821234.00

Purpose of payment (See instructions regarding type of information required.)

rent (P.O. Box)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

CPS

Amount (\$)

Payee address; City; State; Zip Code

5.20.03P.O. Box 2678 SA, TX 78289262.87

Purpose of payment (See instructions regarding type of information required.)

service

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3/4**

2 FILER NAME

Thomas R. Agnillon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5.15.03**Teresa Camles**

6 Payee address; City; State; Zip Code

621 W. Aguirre SA, TX 78212**1000.00**

8 Purpose of payment (See instructions regarding type of information required.)

contract labor

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5.01.03**B & Z Strategies**

Payee address; City; State; Zip Code

10701 Horn Blvd. SA, TX 78240**800.00**

Purpose of payment (See instructions regarding type of information required.)

contract labor

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5.21.03**American Cancer Society**

Payee address; City; State; Zip Code

100.00

Purpose of payment (See instructions regarding type of information required.)

contribution

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5.20.03**Time Warner Cable**

Payee address; City; State; Zip Code

P.O. Box 460849 SA, TX 78246**175.42**

Purpose of payment (See instructions regarding type of information required.)

service

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4/4

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Connie Lavine

7 Amount (\$)

6 Payee address; City; State; Zip Code

SA. TX

60.00

5.03.03

8 Purpose of payment (See instructions regarding type of information required.)

security

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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